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FORM	(Rev. 07/03)
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	NOTICE OF
	DISSOLUTION
For Office	Use Only
Comm. #	
indexed _	
Audited _	
Computer	
Certified E	ate of Dissolution

Notice of Dissolution

Official Name of Committee				
6125 165th Street				
	Street			
Albia Iowa 52531				
	City, State, Zip Code			
	(641) 932-3009			
	Area Telephone Code			

Mail to: IECDB 510 East 12th, Suite 1A Des Moines, Iowa 50319

WHEN TO FILE:

The Notice of Dissolution must be filed within thirty (30) days of completion of all the following:

- 1. All debts, loans and obligations have been paid or transferred;
- 2. All campaign funds have been spent;
- 3. All campaign property sold or transferred (candidates only); and
- 4. A final report disclosing all transactions closing the committee.

For state candidates and state PACs, a final bank statement must be filed with the Notice of Dissolution or as soon as possible if the bank statement is not available at the time the Notice of Dissolution is filed.

Signature of Candidate or Treasurer (if candidate's committee)/Signature of Chair or Treasurer (if PAC)

Date Signed

FOR INSTRUCTIONS, SEE BACK OF FORM

This form is not applicable to statutory political committees.